

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216)

SEE INSTRUCTIONS ON REVERSE

Statement covers period <b>from</b> <u>01/01/2021</u> <b>through</b> <u>06/30/2021</u>	Date of election if applicable: (Month, Day, Year) <u>11/05/2024</u>
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**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder Candidate Controlled Committee       Primarily Formed Ballot Measure Committee
- State Candidate Election Committee       Controlled
- Recall       Sponsored
- (Also Complete Part 5)       (Also Complete Part 6)
- General Purpose Committee       Primary Formed Candidate/Officeholder Committee (Also Complete Part 7)
- Sponsored       Small Contributor Committee
- Political Party/Central Committee

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Patino for Mayor 2024  
Patino for Mayor 2024

**2. Type of Statement:**

- Prelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)

**Treasurer(s)**

NAME OF TREASURER	MAILING ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tom Martinez	2624 Airpark Dr.	Santa Maria	CA	93455	(805) 934-5737
		Trent Benedetti			
		MAILING ADDRESS			
		2151 S. College Dr., Ste. 101			
		Santa Maria	CA	93455	
		OPTIONAL: FAX / E-MAIL ADDRESS			
		tom@martinezassoc.net			

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/15/2024      Date 7/15/2024  
By Tom Martinez      Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Mayor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
2624 Airpark Drive Santa Maria CA 93455

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES     NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

STATE ZIP CODE AREA CODE/PHONE

CITY

I.D. NUMBER

CONTROLLED COMMITTEE?

YES     NO

COMMITTEE NAME

NAME OF OFFICEHOLDER OR CANDIDATE

STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER

NAME OF OFFICEHOLDER OR CANDIDATE

CONTROLLED COMMITTEE?

YES     NO

CITY

NAME OF OFFICEHOLDER OR CANDIDATE

CONTROLLED COMMITTEE?

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CITY

NAME OF OFFICEHOLDER OR CANDIDATE

CONTROLLED COMMITTEE?

YES     NO

CITY

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Patino for Mayor 2024

SUMMARY PAGE  
**CALIFORNIA 460**  
FORM

Statement covers period from	01/01/2021
through	06/30/2021

Page 3 of 5

I.D. NUMBER  
1342332

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 0.00	\$ 0.00
2. Loans Received .....	Schedule B, Line 3 \$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 0.00	\$ 0.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 0.00	\$ 0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 1,149.45	\$ 1,149.45
7. Loans Made .....	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 1,149.45	\$ 1,149.45
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 1,149.45	\$ 1,149.45

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 17,105.44	
13. Cash Receipts .....	Column A, Line 3 above \$ 0.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ 0.00	
15. Cash Payments .....	Column A, Line 8 above \$ 1,149.45	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 15,955.99	

If this is a termination statement, Line 16 must be zero.

Page 3 of 5

## Expenditure Limit Summary for State Candidates

20. Contributions Received	\$ _____
21. Expenditures Made	\$ _____

Date of Election  
(mm/dd/yy)

\*Amounts in this section may be different from amounts reported in Column B.

Total to Date

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CYC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	WEB			500.00
City of Santa Maria 110 E. Cook St. Santa Maria, CA 93454	FIL			288.45
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO	Accounting		361.00
				<b>SUBTOTAL \$ 1,149.45</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....
2. Unitemized payments made this period of under \$100 .....
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....

\$ 1,149.45
\$ 0.00
\$ 0.00
<b>TOTAL \$ 1,149.45</b>

SCHEDULE E

## CALIFORNIA FORM 460

Statement covers period from <u>01/01/2021</u>	through <u>06/30/2021</u>	Page <u>4</u> of <u>5</u>
		I.D. NUMBER <u>1342332</u>

**Schedule G  
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

**Amounts may be rounded to whole dollars.**

Schedule C <b>Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)</b>		Amounts may be rounded to whole dollars.																																													
		CALIFORNIA FORM <b>460</b>																																													
<p><b>SEE INSTRUCTIONS ON REVERSE</b> NAME OF FILER Patino for Mayor 2024</p> <p>NAME OF AGENT OR INDEPENDENT CONTRACTOR Benedetti &amp; Associates, Inc.</p>		<p><b>Statement covers period</b> from <u>01/01/2021</u></p> <p>through <u>06/30/2021</u></p>	<p><b>Page</b> <u>5</u> <b>of</b> <u>5</u></p> <p>I.D. NUMBER 1342332</p>																																												
<p><b>CODES:</b> If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.</p> <p>If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.</p> <table> <tbody> <tr> <td>CMP</td> <td>campaign paraphernalia/misc.</td> <td>MBR</td> <td>member communications</td> </tr> <tr> <td>CNS</td> <td>campaign consultants</td> <td>MTG</td> <td>meetings and appearances</td> </tr> <tr> <td>CTB</td> <td>contribution (explain nonmonetary)*</td> <td>OFC</td> <td>office expenses</td> </tr> <tr> <td>CVC</td> <td>civic donations</td> <td>FET</td> <td>petition circulating</td> </tr> <tr> <td>FIL</td> <td>candidate filing/ballot fees</td> <td>PHO</td> <td>phone banks</td> </tr> <tr> <td>FND</td> <td>fundraising events</td> <td>POL</td> <td>polling and survey research</td> </tr> <tr> <td>IND</td> <td>independent expenditure supporting/opposing others (explain)*</td> <td>POS</td> <td>postage, delivery and messenger services</td> </tr> <tr> <td>LEG</td> <td>legal defense</td> <td>PRO</td> <td>professional services (legal, accounting)</td> </tr> <tr> <td>LIT</td> <td>campaign literature and mailings</td> <td>PRT</td> <td>print ads</td> </tr> <tr> <td></td> <td></td> <td>VOT</td> <td>voter registration</td> </tr> <tr> <td></td> <td></td> <td>WEB</td> <td>information technology costs (internet, e-mail)</td> </tr> </tbody> </table> <p>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</p>				CMP	campaign paraphernalia/misc.	MBR	member communications	CNS	campaign consultants	MTG	meetings and appearances	CTB	contribution (explain nonmonetary)*	OFC	office expenses	CVC	civic donations	FET	petition circulating	FIL	candidate filing/ballot fees	PHO	phone banks	FND	fundraising events	POL	polling and survey research	IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	LEG	legal defense	PRO	professional services (legal, accounting)	LIT	campaign literature and mailings	PRT	print ads			VOT	voter registration			WEB	information technology costs (internet, e-mail)
CMP	campaign paraphernalia/misc.	MBR	member communications																																												
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		VOT	voter registration																																												
		WEB	information technology costs (internet, e-mail)																																												
<p>NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</p> <p>Netfile 2707-A Aurora Road Mariposa, CA 9538</p>		<p>CODE OR</p> <p>WEB</p>	<p>DESCRIPTION OF PAYMENT</p> <p>AMOUNT PAID 500.00</p>																																												
<p><b>TOTAL*</b> \$ 500.00</p> <p>Attach additional information on appropriately labeled continuation sheets.</p>																																															

*Attach additional information on appropriately labeled continuation sheets.*

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or  
agent's independent contractor as recorded on Schedule E.

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